

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 89 (670918)	FILING DATE 9/29/04	
								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1		1				51			
2		1		1			52			
3			1				53			
4				1			54			
5	4		4				55			
6	4		4				56			
7	4		4				57			
8	4		4				58			
9	4		4				59			
10	4		4				60			
11	4		4				61			
12	4		4				62			
13	4		4				63			
14	4		4				64			
15	4		4				65			
16	4		4				66			
17	2		2				67			
18	2		2				68			
19	2		2				69			
20	2		2				70			
21	3		3				71			
22			4				72			
23			4				73			
24			4				74			
25			4				75			
26			4				76			
27			4				77			
28			4				78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1		1				TOTAL IND.			
TOTAL DEP.	(2)	←	90	←	→		TOTAL DEP.	←	→	→
TOTAL CLAIMS	163		61				TOTAL CLAIMS			